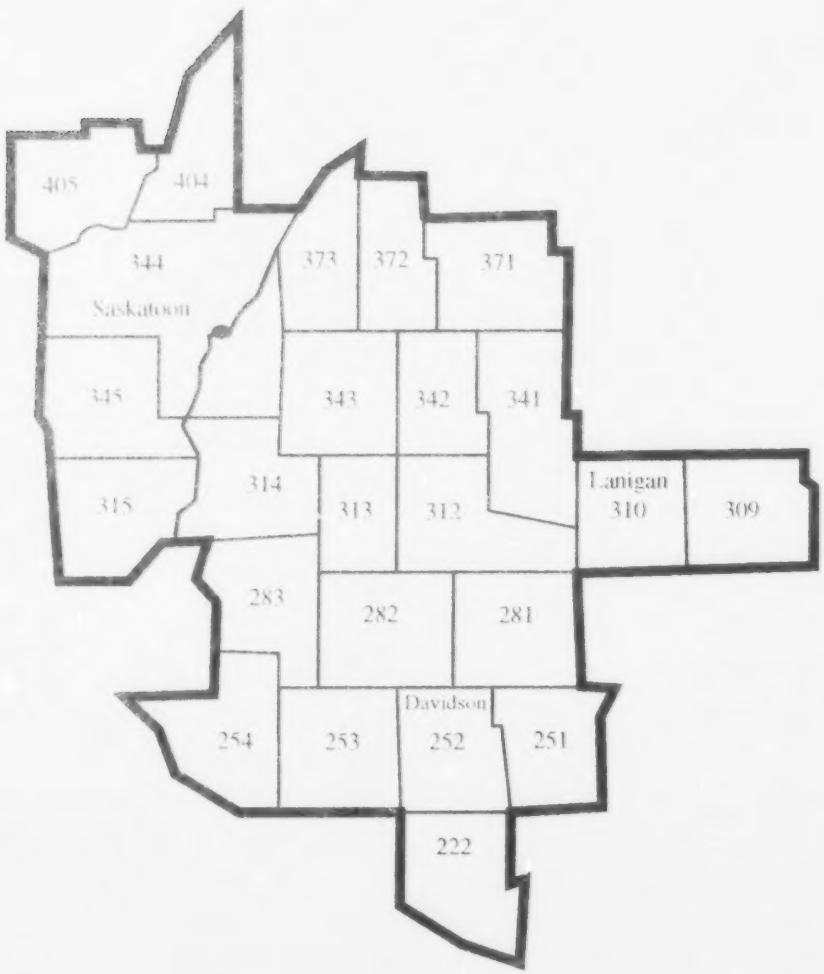
Saskatchewan
Health
Community Health –
Prevention Services Branch

SASKATOON RURAL HEALTH REGION #8
• 1991 - 92 ANNUAL REVIEW •

Saskatchewan



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REPORT OF THE ACTING MEDICAL HEALTH OFFICER

Since September 1991, I have been Acting Medical Health Officer for this region, and it is a pleasure to submit a brief report to the Regional Health Board. Doing this gives me a distinct feeling of deja vu as the records show that it was in the annual report for 1987/88 that I last gave such a report to the Board. At that time I was also acting medical health officer, and since that time the region has had two medical health officers whose stay has been comparitively brief.

As we enter the decade of the nineties, there are constant reminders of our rapidly changing society and environment. Such change offers distinct opportunities to learn the lessons of the past and apply these in planning a more meaningful future. However, one should not forget the warning by the German philosopher Hagel that: "what history teaches us is that man learns nothing from it."

Slowly but surely people are coming to realize the importance of health promotion and disease prevention in creating healthy individuals and healthy communities. The important role of community development and primary health care in achieving this dates back to the well-known World Health Organization Alma Ata Conference in 1978. More recently the Ottawa Charter in 1986 sponsored by World Health Organization emphasized and enlarged the concept of health promotion to reflect the many-facetted aspects important to its understanding and implementation. Such a wide concept included the need for a supportive environment, healthy public policy, strengthening community action, developing healthy lifestyles and restructuring health services. The older narrow approach of "blaming the victim" seems finally to have been put to rest; and emphasized further in WHO's goal of "Health for All By the Year 2000". One of the problems in all these pronouncements and philosophies is the difficulty in operationalizing them into programs with measurable good outcomes, despite their widespread acceptance for so many years. This is again the whole complex issue on a wider scale of converting knowledge into effective behavioral change, and poses largely unanswered research questions. As has been well stated in a recent editorial in the American Journal of Public Health: "the community actions that are critical to the acceptance and success of community prevention programs are difficult to discern in research reports."

With the new political directorate in Saskatchewan, the concept of a wellness model is being strongly promoted, and is, in effect an acknowledgement and reinforcement of the wider concepts of health promotion articulated before. A definition of wellness is given as: "referring to our physical, mental and spiritual well-being. It means getting

healthy and staying healthy. It means healthy lifestyles and safer, more healthy environments. Wellness means improving our quality of life" - These are very well enunciated challenges and progress is being made in identifying the process necessary to attain this state of wellness on a personal and provincial level. As mentioned before there have been historical problems in fully achieving these goals, but one of the most useful actions already taken is the creation of a Health Services Utilization and Research Commission. The work of this Commission should aid considerably in defining a scientific basis so essential to bring about the needed changes to our health care system.

As one talks so much of health it is useful to have some general definition of exactly what health means. This is difficult, but I found what I thought, one of the best definitions recently in a Nursing Policy Statement in the United States as: "a dynamic state of being in which the developmental and behavioral potential of an individual is realized to the fullest extent possible ... not as an end in itself but as a means to life that is meaningful and manageable."

So in this annual report you will read about the various activities geared to meet our goals in the field of public health nursing, control of communicable diseases, nutrition, environmental protection, speech therapy, psychological services, and prevention-orientated dental health services. It has been a pleasure working with the staff of the Saskatoon Rural Health Region, and to compliment them on their excellent performance during the year; their willingness to respond to emergencies; their readiness to undertake extra work when indicated; their commitment to preventive medicine in the widest sense, and their high level of professionalism. I feel confident in their competence to deal with any changes that may occur in the restructuring of the province's health sevices.

In assessing our changing milieu, the role of epidemiology is important and following this I will describe briefly certain demographic features and vital statistics over the past nine years. Such analysis is a sine qua non for effective planning.

Dr. Don Watler

VITAL STATISTICS

Demography

Health Region No. 8, the Saskatoon Rural Health Region, is 24,330 square kilometers in area (9,504 square miles) and Table 1 shows the mid-year 1991 SHSP population by age and sex. The total population was 47,231 with total age dependency ratios as shown. This ratio of 0.61 indicates that only approximately 60% of the total population are potentially in the work force.

Table II shows the population of Saskatchewan by age group as per the mid-year 1991 SHSP figures. Of interest is the observation that the SHSP, Saskatchewan population is given as 1,010,526 while the 1991 census figures for Saskatchewan is 988,928, shows a figure that is 2% less. The census figures are probably more accurate, as SHSP covered populations include persons who are covered by the plan but not resident in Saskatchewan at the date the census was taken. For practical purposes this difference is not significant in calculating vital statistics or for use in other demographic studies.

Table III shows comparisons in population figures for health region #8, Saskatoon City and the province for the year 1983-1991. An interesting observation is that the City of Saskatoon, after a significant increase in population in the mid-1980's, began to lose population in the last two years; it still, however, has a younger population compared to the province and H.R. #8.

Fertility Data

Table IV shows the birth rates and fertility rates for H.R. #8 compared to Saskatoon City and the province for the years 1983-1991. Some fluctuations are noted during the last four years that are difficult to interpret. This could be due to rural to suburban to urban population shifts. The health region for 1991 with a fertility rate of 2,102 is just at the poulation replacement level.

Definitions:

The birth rate is the total number of live births per 1,000 of the total population.

The total fertility rate (TFR) is the sum of the female age specific fertility rates (per 1,000 population) multiplied by 5. It represents the average number of children that would be born to women if they survive through their reproductive years and bear children in accordance with the age specific fertil-

ity rates observed in a given year. A TFR of 2,100 means that the average number of children born to a hypothetical cohort of women is 2.1, i.e. an average family having 2.1 children. This is ragarded as just the population replacement level. The TFR is therefore a better measurement of fertility than the birth rate as it takes into account the age differences in the child bearing population.

Mortality

Table V shows data on infant mortality for H.R. #8 compared to the province for the period 1983-1991. Owing to the small numbers in the health region, the apparent increase in 1991 in the region is not significant.

Figure I shows infant mortality rates for H.R. #8, compared to Saskatoon City and the province. While there are fluctuations in these rates for Saskatoon City and the health region, the province as a whole shows a progressive improvement.

Definitions:

Infant mortality rate. This is the number of deaths in infants less than one year of age per 1,000 total live births.

Neonatal mortality rate. This is the number of deaths in infants up to 28 days old per 1,000 total live births.

Stillbirths are the fetal deaths at 20 or more weeks' gestation.

Stillbirth rate is the number of stillbirths per 1,000 live births.

Perinatal death rate is the number of stillbirths plus the number of infant deaths under 7 days of age per 1,000 total births (live and stillborn). This rate gives the most accurate reflection on the general standard of obstetric and pediatric care as well as the effectiveness of social measures in general and of public health actions in particular.

In 1991, there were 286 deaths in the health region which is about the average for the last four years. Table VI shows the major causes of death, and of interest is the observation that cancer is the commonest cause, and accounts for 29% of all deaths. This is somewhat higher than the provincial average, but, without doing age standardization statistical analysis, no conclusion can be drawn from this observation. However, as people are living longer, they are more likely to develop cancer, so, while more cases seem to be occurring, age standardization would likely show no regional differences.

TABLE I

COVERED POPULATION AS AT JUNE 30, 1991
BY AGE GROUP AND SEX
FOR THE SASKATOON RURAL HEALTH REGION #8

AGE GROUP	POPULATION MALE	POPULATION FEMALE	TOTAL	PERCENT MALE	PERCENT FEMALE
<1	338	323	661	51.1	48.9
1 - 4	1472	1439	2911	50.6	49.4
5 - 9	2229	2091	4320	51.6	48.4
10 - 14	2147	2056	4203	51.1	48.9
15 - 19	2047	1804	3851	53.2	46.8
20 - 24	1547	2148	2795	55.3	44.7
25 - 29	1578	1566	3144	50.2	49.8
30 - 34	1947	1939	3886	50.1	49.9
35 - 39	2032	1942	3974	51.1	48.9
40 - 44	1726	1534	3260	52.9	47.1
45 - 49	1258	1170	2428	51.8	48.2
50 - 54	1086	960	2046	53.1	46.9
55 - 59	974	951	1925	50.6	49.4
60 - 64	1017	973	1990	51.1	48.9
65 - 69	902	887	1789	50.4	49.6
70 - 74	780	802	1582	49.3	50.7
75 - 79	592	616	1208	49	51
80 - 84	344	406	750	45.9	54.1
85 - 89	157	183	340	46.2	53.8
90+	61	107	168	36.3	63.7
TOTAL	*24234*	*22997*	*47231*	*51.3*	*48.7*

Total Population : 47,231
Population < 15 years of age: 25.6%
Population > 65 years of age: 12.4%
Total dependency ratio: 0.61

The total dependency ratio gives a measure of the proportion of active persons in potential productive labour, i.e. it is the ratio of all persons 15 years and under plus those 65 years and over divided by the population between 15 and 64 years old.

TABLE II

POPULATION BY AGE GROUP - SASKATCHEWAN - 1991

AGE GROUP	*MALE*	*FEMALE*	*TOTAL*
0 - 4	40700	38692	79392
5 - 9	42296	40465	82761
10 - 14	40713	38445	79158
15 - 19	38223	36757	74158
20 - 24	36305	34649	70954
25 - 29	40462	40093	80555
30 - 34	42282	41623	83905
35 - 39	39422	37856	77278
40 - 44	32422	37856	63977
45 - 49	24830	24267	49097
50 - 54	21564	21678	43242
55 - 59	21384	21142	42526
60 - 64	21177	21729	42906
65 - 69	19664	21482	41146
70 - 74	16340	19727	36067
75 - 79	12744	16487	29231
80 - 84	7662	10972	18634
85 - 89	3661	6099	9760
90+	1643	3314	4957
TOTALS	*503568*	*506958*	*1010526*

Total Population: 1010526
Population < 15 years of age: 23.9%
Population > 65 years of age: 13.8%
Total dependency ratio: 0.61

The total dependency ratio gives a measure of the proportion of active persons in potential productive labour, i.e. it is the ratio of all persons 15 years and under plus those 65 years and over divided by the population between 15 and 64 years old.

TABLE III

POPULATION CHANGES IN HEALTH REGION #8,
SASKATOON CITY, AND THE PROVINCE
(1983-1991)

YEARS	TOTAL POPULATION			%AGE CHANGE			% OF POPULATION > 65 YEARS OF AGE			
	H.R. #8	SASKATOON CITY	SASKATCHEWAN	H.R. #8	SASKATOON CITY	SASKATCHEWAN	H.R. #8	SASKATOON CITY	SASKATCHEWAN	CANADA
1983	48,775	164,304	1,014,496				10.6	9.5	12	10.0*
1984	48,902	170,748	1,028,965	+ 0.3	+ 3.9	+ 1.4	10.8	9.4	12	
1985	49,054	175,859	1,039,249	+ 0.3	+ 3	+ 1	10.9	9.5	12.3	
1986	49,256	178,361	1,041,358	+ 0.4	+ 1.4	+ 0.2	11.3	9.6	12.4	10.7**
1987	48,968	182,216	1,045,440	- 0.6	+ 2.2	+ 0.4	11.4	9.7	12.6	
1988	49,126	183,487	1,044,151	+ 0.3	+ 0.7	- 0.1	11.6	9.9	12.8	11.3
1989	48,503	183,896	1,036,862	- 1.3	+ 0.2	- 0.7	11.8	10.2	13.1	
1990	47,665	183,579	1,029,352	- 1.7	- 0.2	- 0.7	12.1	10.5	13.5	
1991	47,231	180,794	1,010,526	- 0.9	- 1.5	- 1.8	12.4	10.9	13.8	11.6***

* Estimated from the National Census (1981) Statistics Canada
** National Census (1986) Statistics Canada
*** National Census (1991) Statistics Canada. This Census showed a total national population of 27,296,859 of which 3,169,970 were over 65 years old.

TABLE IV

FERTILITY DATA FOR H.R. #8, COMPARED TO SASKATOON CITY AND SASKATCHEWAN (1983 - 1991)

YEAR	H.R. #8			SASKATOON CITY			SASKATCHEWAN		
	TOTAL LIVE BIRTHS	BIRTH RATE	TOTAL FERTILITY RATE	TOTAL LIVE BIRTHS	BIRTH RATE	TOTAL FERTILITY RATE	TOTAL LIVE BIRTHS	BIRTH RATE	TOTAL FERTILITY RATE
1983	875	17.9	2233	3031	18.4	1734	17847	17.6	2134
1984	812	16.6	2105	3154	18.5	1741	18014	17.5	2108
1985	911	18.4	2348	3267	18.6	1760	18162	17.5	2094
1986	760	15.4	2016	3352	18.8	1802	17507	16.8	1986
1987	719	14.7	1975	3302	18.1	1770	17007	16.3	1950
1988	732	14.9	2034	3373	18.4	1816	16763	16.1	1955
1989	680	14	1953	3306	18	1838	16651	16.1	2003
1990*	682	14.3	2034	3341	18.2	1903	16031	15.6	1989
1991*	672	14.2	2102	3136	17.3	1894	15249	15.1	1988

* Provincial data

TABLE V

INFANT MORTALITY DATA, HEALTH REGION #8
COMPARED WITH SASKATCHEWAN

YEAR	*Health Region #8*								*Saskatchewan*							
	Infant Deaths < 1 Year	Infant Mortality Rate	Neonatal Deaths	Neonatal Mortality Rate	Stillbirths	Stillbirth Rate	Perinatal Deaths	Perinatal Mortality Rate	Infant Deaths < 1 Year	Infant Mortality Rate	Neonatal Deaths	Neonatal Mortality Rate	Stillbirths	Stillbirth Rate	Perinatal Deaths	Perinatal Mortality Rate
1983	12	13.7	8	9.1	8	9.1	15	17	177	9.9	102	5.7	126	7.1	185	10.3
1984	5	6.2	3	3.7	5	6.2	8	9.8	169	9.4	101	5.6	128	7.1	214	11.8
1985	10	11	7	7.7	2	2.2	9	9.9	200	11	123	6.8	111	6.1	207	11.3
1986	6	7.9	4	5.3	4	5.3	7	9.2	154	8	95	5.4	69	3.9	145	8.3
1987	5	7	3	4.2	2	2.8	4	5.5	148	8.7	84	4.9	62	3.6	128	7.5
1988	2	2.8	1	1.4	1	1.4	2	2.7	140	8.4	85	5.1	53	3.2	123	7.3
1989	5	7.4	4	5.9	2	2.9	6	8.8	135	8.1	79	4.8	52	3.1	114	6.9
1990*	4	5.9	1	1.5	3	4.4	4	5.9	123	7.7	67	42	62	3.9	115	7.1
1991*	5	7.4	4	6	3	4.5	6	8.9	117	7.7	70	4.6	61	4	117	7.6

*Provisional figures

TABLE VI

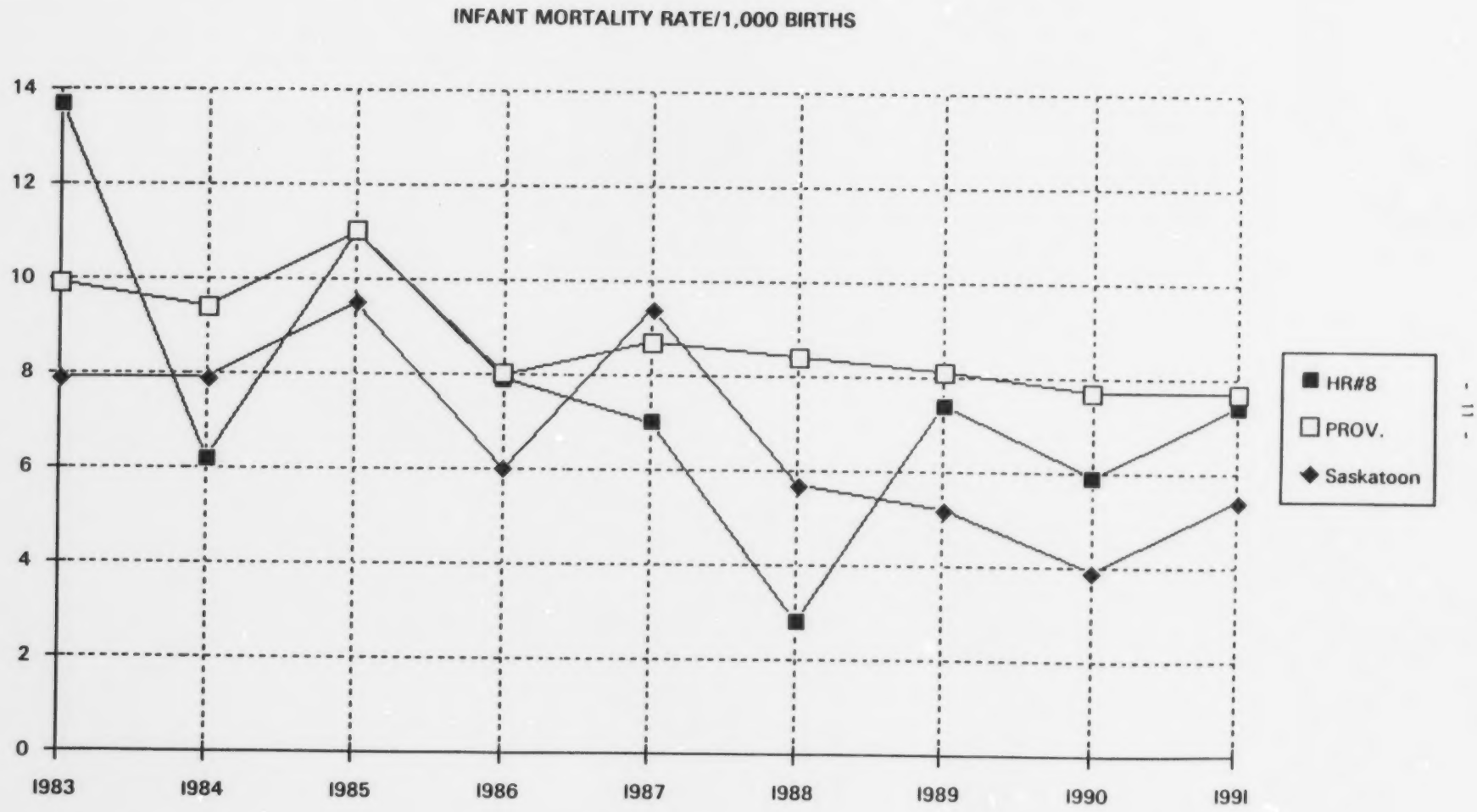
MAJOR CAUSES OF DEATH IN 1991 BY SEX
(THESE ARE PROVISIONAL DATA)

MAJOR CAUSES OF DEATH	*MALE*	*FEMALE*	*TOTAL*
Malignant Neoplasms (Cancer)	42	42	84
Heart Disease*	48	34	82
Cerebrovascular Disease (Strokes)	21	9	30
Respiratory Diseases (mainly pneumonia)	11	7	18
Accidents**	14	3	17
Suicide	3	1	4
Congenital anomalies and conditions in the perinatal period	3	0	3
Urinary Tract Disease	1	2	3
Other unspecified	22	23	45
TOTAL	165	121	286

* This includes ischaemic heart disease, hypertensive disease, and other heart disease

** Includes motor vehicle accidents and other causes of accidental deaths

FIGURE 1.


INFANT MORTALITY RATE/1,000 BIRTHS
14
12
10
8
6
4
2
0
1983
1984
1985
1986
1987
1988
1989
1990
1991
HR#8
PROV.
Saskatoon

ACTING REGIONAL DIRECTOR

The past year has been one of change for Saskatoon Rural Health Region. We have had some local staff changes, although not so many as in other years. We have had a provincial election bringing with it a change of Minister, Deputy Minister, and Senior Associate Deputy Minister in the Department of Health. We have seen the beginnings of the development of a new "Wellness Model" which will help to direct changes to the health care system. We have also heard of the grave financial situation facing our province and the need to make careful choices in allocation of resources.

In these times of economic restraints, it is essential that we insure that our programs are meeting identified needs and helping to achieve desired health outcomes. As you read through the staff reports, you will find reports of reviews and evaluations being conducted in various disciplines. An example of this is a review of our protocol in dealing with pediculosis (head lice) which lead to a change in our approach. We now focus on helping families and communities to prevent and, if necessary, deal with cases rather than providing screening once an outbreak had occurred.

We have also continued our efforts to co-operate and collaborate with other agencies, service providers, and community groups wherever possible. In this way, we can work together to identify needs and share limited resources. Working with community groups and seniors' centres made possible the provision of our first Seniors' Influenza Immunization program for well seniors in the fall of 1991. The local Emergency Measures Organization has been revived and Bill Wright, Sr. PHI, and I sit on the committee for District Six along with representatives of numerous agencies and affected municipalities. Our region has been represented at conferences on Community Heart Health and the Healthy Communities movement which help us to identify our role in working with others to promote wellness and prevent illness.

Our staff continue this co-operation in our local programs. Staff share resources and expertise in providing services to clients and families, in developing and sharing information with the public, and in maintaining our own professional skills. Several disciplines contributed to our first newsletter distributed to preschools in the region. This newsletter provided information for parents and teachers of preschool children about some the services and resources available to them in the health region.

Our world is changing rapidly and technology effects each of us in new ways. We live in an information age and staff are constantly challenged to keep current with changes in their disciplines. Some staff have been able to do this through

"teleconferences" -- presentations made by speakers in distant places (e.g., Washington, D.C.) and transmitted by telephone lines and speaker phones to participants at sites across North America. Local workshops were organized for staff on the topics of Dealing with Difficult People, with Jocelyn Souliere of Staff Development Branch, and Office Security, with Pat Shaw of Sask. Property Management Corporation.

One of the most obvious advances in technology in recent years has been the widespread use of computers. While we have lagged behind other agencies in this area, we are attempting to plan for the appropriate use and acquisition of computers in the region. We do not aim to get computers merely for the sake of having them: we plan to acquire them to use in specific areas that will enhance programs or free employee time for more urgent duties.

During this year, we added two new computers to our office. One is designated for use by the Speech Language Pathologists and Early Childhood Psychologist and is currently used for report writing, test analysis, etc. Its use will be expanded to include speech therapy with clients as appropriate software programs are acquired. The second computer is currently designated for use by support staff. Much of our budgetting and some statistical reporting is now done on the computer. This can result in a significant savings in time. Support from our Branch's central office is now available to help us with planning computer acquisition, computer systems, and staff training.

During the past year, I have continued to serve on a Planning Committee for Community Health - Prevention Services Branch. This committee gathers data and suggestions from staff, scans the changing economic and social environment, and attempts to project what the effect of these trends will be on our clients, our services, and on the health status of the people of the province. This leads us to setting goals and objectives for the branch which direct us in developing realistic and responsible budgets.

I would like to express my thanks to the staff of the Saskatoon Rural Health Region. I have enjoyed the occasions in the past year when I have been able to see them in action whether in classroom presentations on dental health, doing speech and language evaluations, presenting food handlers' courses, or responding to questions at public displays. We have a hard-working and competent staff who have demonstrated their commitment, flexibility, and creativity repeatedly in the past year. They have dealt with situations of uncertainty, short time-lines, and challenges, with resourcefulness and good humour.

Our thanks also go to Dr. Clive Cunning of Regina Rural Health Region and Dr. Don Watler of Yorkton-Melville Health Region. While carrying duties in their own regions, these Medical Health Officers also provided MHO coverage to Saskatoon Rural Health Region. We have appreciated their visits and their willingness to be available to us by phone for consultation at any time.

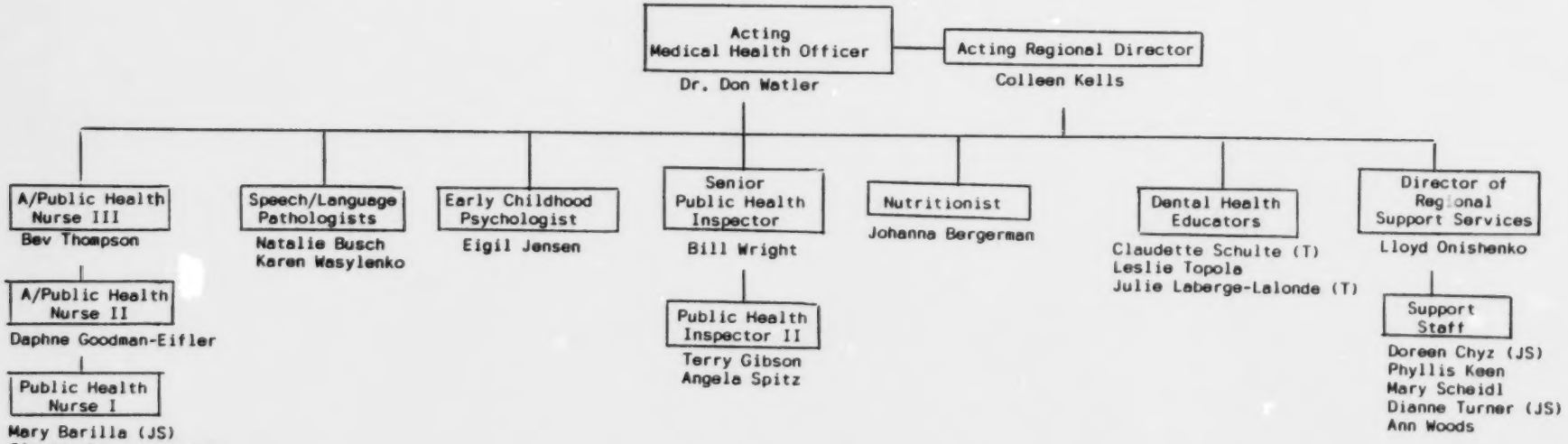
The Municipal Health Representatives and the members of the Regional Board of Health play an essential role in promoting health in our region. The MHRs provide a link between the communities and the health region in identifying health concerns, needs, and resources. On behalf of the staff of the Health Region, I would like to express our thanks for the support and input from the Municipal Health Representatives and the Regional Board.

On a personal note, this year has been a time of growth. After many years as a Speech Language Pathologist in this region, assuming the duties of Acting Regional Director has presented new challenges and opportunities. I have enjoyed meeting new people, learning more about the region, and considering different options for community health services. I have learned much from other staff members and health agencies leading to a broader perspective on wellness, health, and health services. This year has emphasized for me that the health of individuals, families, and communities is a precious resource that must be protected, fostered, and enhanced. By working together, we can continue to meet this challenge.

Colleen Kells

COMMUNITY HEALTH - PREVENTION SERVICES BRANCH

Saskatoon Rural Health Region #8



T = Temporary
JS = Job Share

1992 MUNICIPAL HEALTH REPRESENTATIVES
SASKATOON RURAL HEALTH REGION #8

Town/Village/RM	Name of MHR	Mailing Address
HEALTH DISTRICT #1		
Bruno	Vicky Serblowski	Box 370, Bruno, S0K 0S0
Colonsay	Jack Campbell	Box 302, Colonsay, S0K 0Z0
Craik	Ted Obrigewitsch	Craik, S0G 0V0
Davidson	*Dr. F. al-Katib	Box 698, Davidson, S0G 1A0
Imperial	Ab Feltis	Box 142, Imperial, S0G 2J0
Lanigan	Brian Thirsk	Box 194, Lanigan, S0K 2M0
Watrous	W. Hilt Eltom	Box 550, Watrous , S0K 4T0
Aylesbury	Henry Watkins	Box 65, Aylesbury, S0G 0B0
Bladworth	Shawn Shaw	Bladworth, S0G 0J0
Drake	Jake K. Neufeld	Box 152, Drake, S0K 1H0
Etters Beach	Robert Rae	Box 117, Imperial, S0G 2J0
Girvin	Cheryl Bryngelson	Box 123, Girvin, S0G 1X0
Guernsey	Gordon Weber	Box 93, Guernsey, S0K 1W0
Jansen	Ralph Palmer	Box 64, Jansen, S0K 2B0
Kenaston	*Lillian Sellers	104 - 330 Girgulis Crescent, S'toon, S7K 7H6
Liberty	Marrion E. Wolff	Box 53, Liberty, S0K 2A0
Lockwood	Bert Meissner	Lockwood, S0K 2R0
Manitou Beach	*Arnold Strueby	Box 1213, Watrous, S0K 2A0
Meacham	Sandra Savage	Box 118, Meacham, S0K 4T0
Plunkett	William R. Hastie	Plunkett, S0K 3J0
Simpson	Kurt Vanthuyne	Box 274, Simpson, S0G 4M0
Viscount	Brian Desmarais	Viscount, S0K 4M0
Young	Helen Weber	Box 267, Young, S0K 4Y0
Zelma	Maxine Fischer	Box 22, Zelma, S0K 4Z0
R.M. Arm River 252	Lorne Willner	Box 784, Davidson, S0G 1A0
R.M. Bayne 371	Francis Yungwirth	Box 429, Bruno, S0K 0S0
R.M. Big Arm 251	Paul Remlinger	Box 86, Liberty, S0G 0S0
R.M. Colonsay 342	Ingrid Buchinski	Box 25, Colonsay, S0K 0Z0
R.M. Craik 222	Hilda Dale	Box 386, Craik, S0G 0V0
R.M. McCraney 282	Gerard Zdunich	Box 67, Kenaston, S0G 2N0
R.M. Morris 312	Pat Rowan	Box 306, Young, S0K 4Y0
R.M. Prairie Rose 309	Ron Fedderson	Box 240, Jansen, S0K 2B0
R.M. Usborne 310	Donald L. Bowman	Box 86, Guernsey, S0K 1W0
R.M. Viscount 341	James Dale	Box 51, Plunkett, S0K 3J0
R.M. Willner 253	Mary Anne Chomyshen	Box 147, Hawarden, S0H 1Y0
R.M. Wood Creek 281	Doug Gross	Box 124, Simpson, S0G 4M0

*Board Members

HEALTH DISTRICT #2

Allan	Shelly Engel	Allan, S0K 0C0
Dundurn	Sheila Freeden	Box 192, Dundurn, S0K 1K0
Hanley	Dan Peters	Hanley, S0G 2E0
Vonda	Elaine Lepage	Box 74, Vonda, S0K 4N0
Aberdeen	Cookie Wruck	Box 58, Aberdeen, S0K 0A0
Bradwell	* Karen Zasitko	Box 82, Bradwell, S0K 0P0
Clavet	P. Carol Spencer	Box 196, Clavet, S0K 0Y0
Elbow	Don Book	General Delivery, Elbow, S0H 1J0
Elstow	Glen Wiebe	Box 77, Elstow, S0K 1M0
Hawarden	Gerald Cooper	Box 238, Hawarden, S0H 1Y0
Loreburn	Barry G. Fink	Box 177, Loreburn, S0H 2S0
Prud'homme	Ernest Schneberger	Box 38, Prud'homme, S0K 3K0
Strongfield	Darryl Norrish	Strongfield, S0K 3Z0
Resort Village of Shields	Betty Empey	Box 248, Dundurn, S0K 1K0
Resort Village of Thode	Dorothy Gilmer	Box 328, Dundurn, S0K 1K0
R.M. Aberdeen 373	Edward Wutzke	Aberdeen, S0K 0A0
R.M. Blucher 343	Diane Boehm	Allan, S0K 0C0
R.M. Dundurn 314	Robert Russell	R.R. #5, Saskatoon, S7K 3J8
R.M. Grant 372	Tony Stachniak	402 Cumberland Avenue, S'toon, S7N 1M6
R.M. Loreburn 254	J. A. Forrest	Box 40, Loreburn, S0H 0C0
R.M. Lost River 313	* Louise Hagel	Box 404, Allan, S0K 0C0
R.M. Rosedale 283	William Hannah	Box 267, Kenaston, S0G 2N0

HEALTH DISTRICT #3

Asquith	Audrey Veer	Box 335, Asquith, S0K 0J0
Dalmeny	Linda Mathews	Box 250, Dalmeny, S0K 1E0
Delisle	Gib Henderson	Box 393, Delisle, S0L 0P0
Langham	Geraldine Gossen	Box 661, Langham, S0K 2L0
Martensville	Holly Hetherington	Box 155, Martensville, S0K 2T0
Osler	* Sarah Peters	Box 154, Osler, S0K 3A0
Radisson	Reiner Boensch	Box 235, Radisson, S0K 3L0
Waldheim	Evelyn Driedger	Box 136, Waldheim, S0K 4R0
Warman	Marie Regier	Box 388, Warman, S0K 4S0
Borden	Mary Panter	Box 10, Borden, S0K 0N0
Hepburn	Thelma Dirks	Box 235, Hepburn, S0K 1Z0
Laird	Walter Funk	Box 189, Laird, S0K 2H0
Vanscoy	Mary M. Campbell	Vanscoy, S0L 3J0
R.M. Corman Park #344	Dick Picard	#1-501-45th St. W., S'toon, S7L 5Z9
R.M. Great Bend #405	Ken Tanchak	Box 150, Borden, S0K 0N0
R.M. Laird #404	Henry A. Baerg	Box 7, Dalmeny, S0K 1E0
R.M. Montrose #315	Dawn Johnstone	R.R. #3, Saskatoon, S7K 3J8
R.M. Vanscoy #345	* Donald Kinzie	R.R. #3, Saskatoon, S7K 3J8

*Board Members

DIRECTOR OF REGIONAL SUPPORT SERVICES

The 1991/92 fiscal year was quite different from the previous reporting period, as personally, my health improved to a point that I was able to complete a full year.

REGIONAL BOARD OF HEALTH

Budget restrictions were quite evident this year, as for the first time in the Region's history, travel expenses and honariums were not paid to the Municipal Health Representatives in attendance at the "annual meeting" on November 6, 1991. This was a unique occurrence, but strangely, we had the best turnout of MHRs ever as a total of 45 participated. The guest speaker, Dr. K. W. Hindmarsh, College of Pharmacy, University of Saskatchewan, delivered an excellent presentation on "The Use of Drugs and Alcohol in Saskatchewan."

EVERYONE WINS COMMUNITY GRANT PROGRAM

I would like to take this opportunity to thank Dr. F. M. al-Katib (Board Chairman) and the board members for working with me and Colleen Kells in promoting healthy lifestyles through the Everyone Wins Grant Program. The nine applications that were approved, totalling $8,275 were as follows:

1. Delisle Composite School Peer Counselling Group $1,000
2. Long Lake School Division $1,000
3. Davidson Interagency Group . . . . . $ 625
4. Asquith Home and School Association $1,000
5. Respiratory Prevention Program (R.M. of Bayne #371) $1,000
6. Vonda Happy Helper Volunteers (Health Fair) . . . $ 850
7. Carlton Trail Regional College (Watrous) . . . . $ 835
8. R.M. Blucher-Lost River-Allan (Health Fair) . . . $1,000
9. Carlton Trail Regional College (Davidson) . . . . $ 965

TELECOMMUNICATIONS

An up-to-date modern telephone system "Smart Talk", along with an answering mechanism, was installed at both our district offices in Davidson and Lanigan this past year. This new equipment replaced a very antiquated and inefficient system, thus streamlining both offices.

SPACE AND ACCOMMODATION

Regional office space continues to be an on-going concern as we struggle to come up with the best possible solution to maximize efficiency and security. To this end, Kenda Eberly from Saskatchewan Property Management Corporation, has met with us to offer her expertise. Also, internal staff "brain storming" sessions have taken place, keeping in mind the limited funds of SPMC, if any.

A review of the Child Health Centre sites (28) identified five that were inadequate. Four of these have been resolved by either moving into different facilities or upgrading. Only one remains on hold with the possible solution of moving into a different facility (if one comes available), or moving the CHC to our regional office is also an alternative.

CAPITAL ACQUISITIONS

As we forge ahead into the next fiscal year, computerization remains front and centre, as we try to accelerate the purchasing of computors using a well planned acquisition process.

The current ratio of computors to personnel in the department is 1 computer to 3.9 staff. The ratio in Community Health - Prevention Services Branch is 1 computer to 7.6 staff. In our health region the ratio is 1 computer to 9.7 staff. This simply is not acceptable and we are working towards improving this ratio.

Currently our inventory consists of three computers, and we hope to acquire an additional four during the 1992/93 fiscal year.

Additional capital acquisitions during the 1991/92 fiscal year were as follows:

- 2 sets of children's furniture (8 chairs and 2 tables)
- curtains for the SLP/ECP observatory clinic
- 2 Maico MA-25 audiometers
- TV and VCR for the Davidson District Office
- projector stand
- slim view easel display
- portfolio poster holder

A LOOK INTO THE FUTURE

The coming year will probably have greater emphasis on health prevention in the accelerated promotion of the much publicized "Wellness Model". There will undoubtedly be major changes in

the current health system, and we will all be affected either directly or indirectly.

I would like to conclude with a "special" thank you to the support staff, who as usual, came through when the pressure was on, either due to deadlines or other unforeseen circumstances.

Your understanding and excellent co-operation were very much appreciated.

Lloyd Onishenko

PUBLIC HEALTH NURSING PROGRAM

Public health nurses (PHNs) are health educators. They work with people of all ages to promote healthy living. Nursing programs are aimed at reducing communicable diseases, improving prenatal care, intervening at an early age for developmental, vision, hearing and speech problems, and developing healthy family relationships. Health services are provided on an individual basis or in group settings located in communities.

PROGRAM HIGHLIGHTS

Group Health Education:

PHNs organize and present on a wide variety of health topics to various groups and organizations within the community. PHNs have been making great strides in increasing their visibility within their communities.

In 1990/91, 165 presentations were made to 2,643 attendants.
In 1991/92, 203 presentations were made to 3,252 attendants.

The need to assist parents with their parenting concerns continues. The Nobody's Perfect Program provides parenting information and support to specifically young, single, low income or isolated parents with limited formal education. Two PHNs have received the Nobody's Perfect Facilitator Training and plans are under way to train all PHNs by April 1993. Another benefit from the program is that the PHN can transfer the skills learned from this training to other health education sessions.

Communicable Disease Control:

Table VII shows the incidence of certain communicable diseases for the years 1988/89 to 1991/92.

PHNs are involved in administering vaccines, following up Communicable Diseases and Sexually Transmitted Diseases, including contact tracing, tuberculosis control and providing education to individuals and groups.

Communicable disease control was the major focus of PHN's work this year. Immunization against influenza, Hib, and Rubella were the key primary factors.

In August 1991, PHNs became involved in the influenza immunization program for the well elderly population. The program was planned, promoted and implemented within six weeks. PHNs with the cooperation and assistance from senior citizen centres, volunteers and some municipal health representatives, offered 109 clinics in 37 communities. Our first years experience demonstrated many successes as well as identified

areas in which improvements could be made. We fell far short of our ambitious target of reaching 75% of our seniors, but 33% of the seniors population did attend the PHN clinics. **With the combined efforts of PHNs and local physicians, 47.8% of our seniors were immunized and provincially, 50% of the seniors received immunization.**

All seniors are at risk of chest infection as a result of influenza which too often results in preventable hospital admissions. We look forward to continuing to offer this program in a manner that attracts and promotes wellness in seniors.

There was an increase in the number of Rubella cases throughout the province this fiscal year. In December the number of cases in the health region was on the increase. Seventy-three cases were reported from November 1991 to March 1992. In comparison only five cases were reported last year. The majority of Rubella cases occurred in unprotected males born before 1978. In 1978 Measles, Mumps and Rubella (MMR) vaccine was implemented and offered to both boys and girls. Prior to 1978, only girls received the Rubella vaccine; as a result, there was a large number of males susceptible to Rubella.

PHNs were involved in a massive immunization program in the schools to contain the outbreak. Rubella is usually a mild disease, but it poses a severe threat during pregnancy. If a woman gets Rubella during the first three months of pregnancy, there is a 25-50% chance that the child will be born with heart problems, limb deformities, blindness, deafness, mentally retarded or other problems. Therefore, PHNs offered the MMR vaccine to all students who had not previously received the Rubella vaccine. **In total 927 students were immunized within four months.**

On August 30, 1991, two new Haemophilus influenza type b (Hib) conjugate vaccines were licensed for use in Canada for infants two months and older. Since 1987 Saskatchewan Health has been offering a conjugate Hib vaccine to children, but the vaccine is limited to those children aged 18 months or older.

Haemophilus influenza type b disease is the cause of several dangerous illnesses in children under five years, and particularly in infants less than one year. The most common illness caused by this infection is meningitis, which is an infection of the covering of the brain. One in twenty children who develop Hib meningitis will die and one in four will have permanent brain damage. The new Hib vaccines will assist in greatly reducing the chances of those children who are at the greatest risk for developing Hib diseases. From December 1991 to March 1992, Saskatchewan Health has been involved in

planning the implementation of this new vaccine targeting children aged two months to five years of age who have never received a Hib vaccine. PHNs, with the assistance of support staff, have been vigorously reviewing records and making every effort to contact parents to advise them of the new Hib program commencing April 1st.

In December 1991 and January 1992, the reported number of meningococcal cases that clustered in parts of Canada raised the public's anxiety levels nationally. Although our region did not have any cases, the national media coverage did have an impact on us. PHNs fielded numerous inquiries from anxious parents. Although Meningococcal vaccine was made available to travellers, our region was not affected in administering the vaccine.

The PHN immunization protocol is currently under review and an immunization manual is being drafted. PHN manuals serve as a procedural guide for experienced PHNs and as an orientation guide for new staff. They serve as a reference guide for other personnel and also assist in the planning and evaluation of PHN programs.

Well Services for Infants, Preschoolers and Postpartum Women:

The Preschool Core Program continued to be offered in 28 Child Health Conference (CHC) sites. The programs seven elements provide a comprehensive service to children under four years of age. Evaluation of this program has been ongoing since its implementation in 1986. Currently the vision screening and nutrition elements are under review, with changes expected in 1993. This continual review and evaluation of programs and activities ensures that we have current information and assists us in the overall achievement of our nursing goals and objectives.

In 1990 CHC site standards were officially established by the Department. In 1991, a provincial status check of each CHC site was conducted. With the assistance of communities, municipal health representatives, and local organizations, we have worked towards meeting the minimal standards in all of our CHC sites in a manner that was acceptable to communities and PHN staff.

We are continuing to strive to contact all postpartum women within the first month of delivery. In July 1992, Saskatoon Community Health Unit is planning to implement an Early Maternity Discharge Program. This will involve PHNs contacting clients within hours of discharge from the hospital. This will impact on our postpartum program, as the majority of our births occur in Saskatoon Hospitals. Re-evaluation of the postpartum program will be undertaken next year.

Prenatal Education:

Prenatal classes were offered at three locations in the health region.

Pregnancy in adolescent girls is associated with multiple problems both for the mother and baby, e.g. malnutrition in baby and mother; single parent families living in poverty; school drop-out leading to unemployment and more poverty; babies of low birth weight; stress and frustration in the family with potential for child abuse; likelihood of a second unwanted baby. The support needed for adolescents is needed both in preventing pregnancy and in supporting the adolescent who does become pregnant. The PHN Support Program for Adolescents was implemented in 1989. Since then, our numbers of pregnant adolescents has remained constant, but the number of adolescents being referred to the program has increased.

School Health Services:

The revised pediculosis protocol that was introduced into schools and communities in the Fall of 1991 has been received positively. PHNs are emphasizing an educational approach to control the spread of headlice rather than mass screening of children in schools.

Inservice/Student Education:

We continued to have the opportunity to contribute in the education of nursing students. Field experiences were provided for Kelsey Nursing Students in the Child Health Clinic, home visits and school settings.

PHNs have the opportunity to participate in a variety of inservice programs that are available in Saskatchewan. Workshops and inservices provide PHNs with the opportunity to continue to grow and develop and to keep abreast of the current concepts and practices in public health nursing.

Staffing:

Staff changes continued to occur, but to a lesser degree than last year. Every effort is made to replace staff quickly and efficiently as vacancies place extra work and stress on the existing staff.

Three maternity leaves; one indefinite leave, two temporary pay at higher duty positions, were the contributing factors in this years staffing changes.

It has been an eventful year for us all, marked particularly by immunization. Teamwork was a significant factor in the delivery of our programs this year. We have a dedicated and flexible nursing staff in health region #8.

Bev Thompson

TABLE VII

INCIDENCE OF CERTAIN COMMUNICABLE DISEASES REPORTED IN HEALTH REGION #8

COMMUNICABLE DISEASE	*1988/89*	*1989/90*	*1990/91*	*1991/92*
Gonorrhea	3	2	5	3
Chlamydia (urogenital)	29	16	39	41
Salmonellosis	11	34	5	18
Shigellosis	Nil	Nil	1	6
Campylobacteriosis	16	17	13	12
Hepatitis A	Nil	Nil	1	6
Hepatititis B	Nil	1	Nil	1
Meningitis	4	2	Nil	3
Measles	Nil	Nil	Nil	Nil
Giardiasis	15	19	17	21
Pulmonary Tuberculosis	Nil	Nil	Nil	Nil
Rubella	Nil	33	5	73

Comment: Apart from rubella, there were no other significant changes from the usual endemic level of these diseases during the past four years.

SELECTED PUBLIC HEALTH NURSING STATISTICS

	1988-89	1989-90	1990-91	1991-92
Number of Nursing Days	2357	2369	2084	2121.5
Home Visits:				
Prenatal	65	82	37	40
Infants (postnatal - 12 months)	694	718	523	656
Preschools (includes phone and office calls)				
Adult: under 65 years of age	803	810	636	801
Adult: over 65 years of age	319	247	182	150
Communicable Disease	360	248	134	117
Total Interviews/Contacts in addition to home visits (All ages, all services)	2622	3051	2509	3636
Prenatal Classes:				
Number held: 5 early, 12 late classes			59	56
Mothers attended			119	119
Father/Coach attended			113	117
Child Health Conference:				
Attendance: Appointments	4889	4533	4407	4515
Attendance: Visits	519	511	484	369
Immunization: Doses of vaccine administered				
** DPT, DT, DPTP			3240	3207
Polio			3201	3201
*** MMR	678	666	652	654
**** Hib	479	573	610	578
School Program:				
School Enrollment	10633	11094	10846	10900
Students Seen	6738	8520	5418	5401

** DPT: Diphtheria, Pertussis, Tetanus
DT: Diphtheria, Tetanus
DPTP: Diphtheria, Pertussis, Tetanus, Polio
*** MMR: Measles, Mumps, Rubella
**** Hib: Haemophilus Influenza Type B

PUBLIC HEALTH INSPECTION PROGRAM

The inspection objectives continue to be:

a) Reduce communicable disease, particularly illness related to food, water, and vectors to a level that is acceptable to the public, communities and the Department of Health.

b) Reduce the number of physical, chemical and biological hazards to a level acceptable to the public, communities and the Department of Health.

Activities and programs used to achieve these objectives were:

a) monitoring and surveillance (includes surveys, sampling and testing, and site inspections).

b) education and advocacy (includes formal courses and sharing of safety information with the general public).

c) investigations (includes follow-up of all reported gastro-intestinal communicable diseases reported in region and also investigation of health-related complaints).

d) development and use of regional policies and procedures and administration of appropriate Provincial regulations, legislation, policies and guidelines.

e) research, program evaluation and administrative support.

STAFFING

Staff levels remained steady throughout the year until February. At that time the Senior PHI position was detwinned with Rosetown. Miss Angela Spitz, PHI II tendered her resignation effective March 31, 1992.

PROGRAMS

Demand services (plumbing inspections and communicable disease follow-up) and complaint investigations continue to take up a large part of the inspectors' time. All facil-

ities requiring Licences or Permits to Operate were scheduled to be inspected during the year.

All summer faciltiies, especially pools, were given high priority over the summer. A survey of swimming pools with diving boards was completed in May and June.

We conducted 27 Safe Food Handling courses with 884 people successfully completing the course.

In March, public health inspectors with assistance from Health Promotion, participated in the annual Saskatchewan Meat Processors Conference and Trade Show, and also the Saskatchewan Hospitality Trade Show - a joint conference of the Saskatchewan Hotel/Motel Association and the Saskatchewan Restaurant Association. We also had a booth at the Vonda Health Fair.

Current staff levels and programming continue to result in a low number of facilities being inspected on a frequency set out in the regulations or standards.

The statistical information that follows is based on the 12 month period, April 1, 1991 to March 31, 1992.

Bill Wright

PUBLIC HEALTH INSPECTION STATISTICS

Facility Type	*Number of Inspections Required Per Year*	*Number of Premises*		*% of Premises Inspected Once*		*Number of Field Visits*		*Number of Hours Consult*		*Number of Hours Field Visits*		*Number of Hours Formal Inspections*		*% of Work Load*	
		1990/91	1991/92	1990/91	1991/92	1990/91	1991/92	1990/91	1991/92	1990/91	1991/92	1990/9	1991/92	1990/91	1991/92
Food Eating Establishment	1	298	301	17.1	28.57	37	120	45	130.5	21	72.5	33	79.3	3.9	6.6
Food Distribution	1	105	104	2.9	4.81	6	16	4.5	13	6	9.5	26	4.3	1.5	0.6
Food Processing	1	59	63	9.1	16.67	6	7	19	39.5	5.5	8.5	2.3	7.8	1.1	1.2
Liquor Outlets	1	54	53	33.3	35.85	1	11	1	0.5	0.5	6	8.8	11.8	0.4	0.4
Institution/Housing	1	119	119	0.8	1.68	3	5	148	10	1	3	2.8	1.3	0.7	0.3
Licensed Accommodation	1	137	138	20.4	37.68	11	17	17	23.5	8	16	18.1	37.8	1.7	1.8
Swimming Pool/Water Theme	1	24	36	0	61.54	1	7	13.8	94	1	6	0	13	0.6	2.6
Recreation/Public Facilities	1	108	109	6.5	7.34	7	20	8.5	26	4	17	3.8	5.3	0.6	1.1
Private/Public/Communal Water	N/A	47	45		N/A	5	127	51	171.5	4	74.5	5.5	0	2.1	5.7
Plumbing	N/A	N/A		N/A		83	77	61	60	41.8	46	N/A	N/A	4.1	3.8
Sewage Disposal	N/A	N/A		N/A		6	30	15	66.5	3.5	7.5	N/A	N/A	0.7	0.7
Other		37	34	0	2.94	181	0	158.1	1	29	0	94.8	0.5	1.1	0
TOTAL		988	1002		19.76	347	787	541.9	649	125.3	286	195.1	160.8	18.5	25.5

1990/91 statistics are for the period September 1, 1990 to March 31, 1991
1991/92 statistics are for the period April 1, 1991 to March 31, 1992

PUBLIC HEALTH INSPECTION STATISTICS

Activity	*1990/91* Number of Occurrences*	*1991/92*	*Total Hours*	*1991/92*	*% of Workload*	*1991/92*
Samples	4	16	6.8	5.5	0.3	0.1
Complaints:						
Sewage	8	120	7.5	13	0.3	0.3
Garbage	11	14	16.3	16.5	0.6	0.4
Food	9	14	6.5	10	0.3	0.2
Other	11	32	17.6	24.5	0.7	0.6
Land Use Referrals	35	69	46	69	1.8	1.6
Public Education	42	27	390.5	473	15.5	11
Surveys/Projects	5	13	18.5	119	0.7	2.8
Legal Action	0	1	0	7	0	0.2
Disease Investigation	15	79	18.3	159	0.7	3.7
Travel	N/A		261.5	398	10.4	9.3
Staff Development	N/A		99.5	193	4	4.5
Staff Meetings	N/A		236.8	340	9.4	7.9
General Administration	N/A		941.5	1375	37.5	32
TOTALS	125	275	2067.3	3153	82.2	72.9

* 1990/91 statistics are for the period September 1, 1990 to March 31, 1991
1991/92 statistics are for the period April 1, 1991 to March 31, 1992

EARLY CHILDHOOD PSYCHOLOGY PROGRAM

During the past year, the ECP received 20 referrals in this region. This is a notable reduction from the previous two years. The reduction concerned primarily children with behaviour problems. In contrast, the number of children referred because of developmental problems have remained relatively stable. The reader is at the same time informed that 47 percent of the ECP's time was spent doing work for the Rosetown Health Region. Generally, the case load in the Rosetown Region tends to be larger than the case load in the Saskatoon Region while in the Saskatoon Region more time is spent on general administration. Fifteen (75%) of the referrals were received from the public health nurses, 3 (15%) were received from the speech/language pathologists, and 2 (10%) from parents. Most of the children referred (90%) were between two and four years of age. More specifically, 6 (30%) were two years old, 7 (35%) were three years old and 5 (25%) were four years old.

The ECP attended 150 appointments with or about children on the case load. Twenty-two of these were for initial assessment of the presenting problem. Seventy-two percent of the children assessed had a developmental problem, 14 percent had behaviour problems and 14 percent of the children were normal. The parents of the normal children were seeking preventive parenting education. Nine review assessment, 70 play therapy sessions, 25 parent counselling sessions and 24 case conferences were conducted.

Thirty-two children were discharged from the ECP's case load during the year. Twelve (38 %) of these were discharged because the child had improved sufficiently to no longer needed the ECP service, 10 children were discharged because they were transferred to the school system, and six were discharged because the parents refused the service for various reasons. The remaining four children were discharged for other reasons, such as moving out of the region.

As indicated by the pie chart, 58 percent of the ECP's time was devoted to case work. Eighteen percent was devoted to general administration and 15 percent to travel. A minimum amount of time - six percent - was spent on professional development (such as workshops), and public education absorbed only three percent of the ECP's time.

In 1991 the ECP gained access to a computer that he shares with the two speech-language pathologists. The use of this computer has led to more comprehensive client reports without any loss of time and easier access to the stored ECP client information. Future potential benefits include direct access to library research information and less time spent on completing monthly reports.

During the latter part of the year, discussions began with regard to making changes to the ECP program. These discussions have centered primarily on dealing differently with the children with behaviour problems. Rather than continuing to see these children on a one-to-one basis, a public education approach was thought to be more efficient. More information will be available by next year's annual meeting when the program changes have been fully been fully developed.

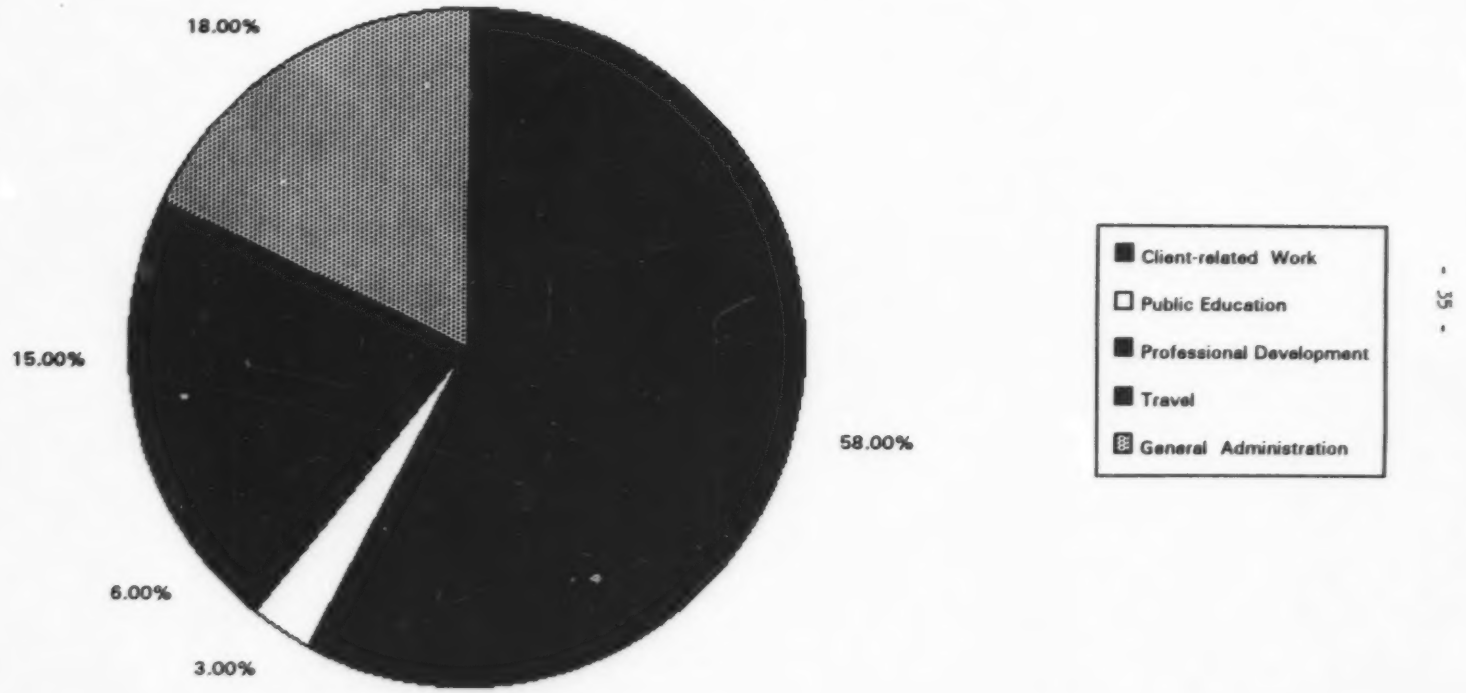
The ECP is looking forward to another productive and enjoyable year in the Saskatoon Rural Health Region.

Eigil Jensen

ECP STATISTICS

	1989-90 No.	%	1990-91 No.	%	1991-92 No.	%
Number of Referrals Received	59	100	32	100	20	100
Number and Percentage of Referrals by Source of Referral						
Public Health Nurses	47	80	20	63	15	75
Speech-Language Pathologists	4	7	5	16	3	15
Early Childhood Intervention Programs	0	0	3	9	0	0
Parents	5	8	2	6	2	10
Other Community Health staff	0	0	1	3	0	0
Other	3	5	1	3	0	0
Number and Percentage of Referrals by Age						
0 - 1 Year					0	0
1 - 2 Years					1	5
2 - 3 Years			Not		6	30
3 - 4 Years			Available		7	35
4 - 5 Years					5	25
5 - 6 Years					1	5
Number of Appointments	136	100	119	100	50	100
Number of Appointments by Type of Service Provided						
Assessment	45	33	28	24	22	15
Developmental Delay .. 16 (72%)						
Behavior Problems 3 (14%)						
No problem 3 (14%)						
Review Assessment	Not Available				9	6
Therapy	4	3	21	18	70	46
Counselling	67	49	35	29	25	17
Case Conferences	20	15	35	29	24	16
Consultation About Children Not on the Case Load					11	100
Health Region Staff			Not		1	9
Parents			Available		10	91
Discharges by Reason for Discharge					32	100
Transfer to Other Agency					10	31
Moved Out of the Region			Not		3	9
Service Refused			Available		6	19
Goals Reached					12	38
Other					1	3

EARLY CHILDHOOD PSYCHOLOGIST'S TIME ALLOCATION (PERCENTAGE)



PUBLIC HEALTH NUTRITION PROGRAM

Nutrition services for this health region continue to be provided from the twinned nutrition position headquartered in Saskatoon, but also covering the Rosetown health region. This position was shared in the last month of the fiscal year - March - with another nutritionist, Joanne Smith, who covered Saskatoon Rural exclusively while I covered the Rosetown Health Region.

A total of 42 presentations were made this past year. Of this number, 18 presentations were made in the Saskatoon Health Region to 223 people.

Consultation services, which provides information, advice and materials, continue to be given to both professionals and the public. Response was given to 187 requests in the past year. Twenty-nine individuals were counselled upon referral by the public health nurse.

Newspaper columns continue to be written and distributed for weekly publication.

This past year has been particularly productive in terms of the work the nutritionists in this province, as a team, have been able to accomplish. We have evaluated participant responses to the majority of our programs. We have used this information to re-evaluate the nutrition programs that we provide. The core nutrition programs have been prioritized and standards have been proposed for levels of involvement. This is particularly helpful for me in dealing with the demand for services from two health regions.

Working towards policy change is now considered to be the most important job that a nutritionist does. In the past year the focus has been to influence change in breastfeeding practices in hospital and in the community. This was done by visiting hospitals and physicians in the health region to discuss the World Health Breastfeeding objectives. Formula costing was another project that was undertaken to influence breastfeeding practices. This was done to better inform prenatal clients and the public of the true economic differences between bottle feeding and breastfeeding. This information was publicized in a national magazine on breastfeeding protection (Infact). I collaborated with the Breastfeeding Matters group in writing to the Wellness Team proposing a breastfeeding coalition for the province that would not only promote breastfeeding but support and protect breastfeeding in the community. Input, as it relates to breastfeeding, was provided into the revisions of the nutritional assessment used by public health nurses in child health clinics.

Change is also influenced at the family level through grocery shopping tours. Teaching participants how to read labels in

stores that they regularly shop in has a direct effect on their grocery shopping habits and eventually influences the types of foods the store owner brings into the store to sell.

The weekly newspaper columns are another important priority. These are offered year round and have a circulation rate of 63,800 in this health region and a pickup rate of 63%. This provides a highly effective way of reaching the public regularly with updated nutrition information and low fat recipes.

Professional inservice is our third level of involvement. Providing updated nutrition information to public health nurses, hospital workers, and teachers, who use the information to teach others is an effective way to reach out to more people.

The fourth level is direct public contact through presentations and classes such as the Eat Smart Class. Evaluation of the Eat Smart Class showed 93% of clients to find the information useful and 100% of the participants would recommend the class to others.

Our fifth and last level of involvement is on a one-to-one basis - providing consultation to public health nurses, other professionals, providing information and resources to individuals and providing some counselling to clients referred by the public health nurses. The most common requests are for infant feeding and heart health.

Much of this work involves ongoing professional development to maintain or increase professional competence. I was able to attend a series of classes in preparation for the International Lactation Consultant exam. I successfully completed the exam in July.

Support was also given to the community nutrition internship program. Terry Oleksyn completed her training and graduated from the program in July. She is now employed by the Moose Jaw Health Region.

Johanna Bergerman

PUBLIC HEALTH NUTRITION STATISTICS

PRESENTATIONS

	Saskatoon Rural Health Region		Rosetown Health Region	
	Sessions	Attendance	Sessions	Attendance
Professional Inservice				
Public Health Nurses	2	26	3	47
Other Professionals	2	17	1	10
Post-Secondary Student Interns Staff Orientation	1	2		
Health Councillors/Interagency	2	60		
Sub-Totals	**7**	**105**	**4**	**57**
Community Groups				
School Students	3	30	4	81
Parents				
Consumers:				
Eat Smart	4	54	2	23
Grocery Shopping Tours	4	34	14	157
Sub-Totals	**11**	**118**	**24**	**261**
TOTALS	**18**	**223**	**20**	**318**

Total Sessions in Both Health Regions: 42
Total Attendance in Both Health Regions: 541

SPEECH/LANGUAGE PATHOLOGY PROGRAM

Speech and language disorders are inabilities of individuals to understand and/or appropriately use the speech and language systems of society. Such disorders may range from simple sound repetitions or occasional misarticulations to the complete absence of the ability to use speech and language for communication.

It is "the mission of the Community Health - Prevention Services Branch, through effective leadership, legislation, advocacy and programmes, to enable communities, families, and individuals, to achieve their health potential". The Speech Language Pathologists (SLPs) of the Saskatoon Rural Health Region, therefore, endeavour to work together as part of the community health team striving for health potential, through programs directed towards the prevention of these communication disorders. Individualized programs implemented by the SLPs may range from direct weekly therapy with a client to a home-based parent program, to workshops designed to inform other caregivers such as day care staff and preschool teachers, to participating in Community Health Fairs - with more and more of an emphasis being placed on prevention of communication disorders through education of the general public. Whatever the mode, all programs are goal-oriented, and are directed toward improving and/or augmenting specific communication areas.

SLP services were provided in the Saskatoon Rural Health Region by two SLPs during the 1991-92 year. With early intervention as a main theme, preschool children and their families continued to be first priority for speech and language intervention, but some services were also provided to adults with impairments in their communication. Clinics continued in all the district offices of Lanigan, Watrous, and Davidson as well as the Saskatoon office. Karen also continued to provide services to the Humboldt Region (part of the Melfort-Tisdale Health Region).

With the advent of computerization to the SLP discipline in June came some innovative new diagnostic and programming opportunities. Though familiarizing ourselves with the infinite possibilities of the computer continues to be a time-consuming and ongoing challenge, it is our goal that the SLP program will be enhanced. Some of the opportunities now available through computer application include diagnostic scoring, computerized profiling of phonological systems and language analysis, report-writing capabilities, individualized goal and program planning, and motivational therapy programs for use with children and adults.

The Saskatoon SLPs continued to remain abreast of new ideas and innovations in the field of communication disorders through professional development opportunities in the form of

teleconferences, workshops, and modern journal reviews. Teleconferences attended included: "Working with parents as intervention agents", and "Developmental apraxia"; while some workshops attended included presentations on counselling skills, and services in Northern Saskatchewan.

In December, Karen and Natalie had the opportunity to provide a brief, video-enhanced presentation of SLP services offered in the region to the Deputy Minister of Health, the Associate Deputy Minister, and the Assistant to the Deputy Minister. Focuses of this presentation were the branch Intensive Stuttering Clinic, and some case presentations.

As public education has become recognized as an important mode of prevention of communication disorders, the Saskatoon SLPs were involved in a Health Promotion Fair held in the Vonda community and consultations with various day care centres and preschools in the region. Karen offered a presentation on speech and language development and disorders to students enrolled in a training program for rehabilitation workers at SIAST; and an article focusing on the speech and language development of a two-year old was submitted by the SLPs as part of the Early Childhood Team to the Health Region Newsletter to be distributed to the preschools and day care centers in the health region. The Saskatoon SLPs also participated, at the branch level, in creating standardized presentation packages designed for use in public education and programming. The two packages completed this year included a general communication package and a receptive-expressive language package.

The SLPs have also been involved in orientation of new staff to the region, consultation with SLPs in other regions, as well as in liaison with the City of Saskatoon SLPs and other agencies; providing of information to university and high school students interested in the field of Speech/Language Pathology, and arranging observation of SLP diagnostics and therapy for practicum students.

Natalie Busch/Karen Wasylenko

SPEECH/LANGUAGE PATHOLOGY STATISTICS
APRIL 1, 1991 - MARCH 31, 1992

	1990-91	*1991-92*
REFERRALS (BY SOURCE)		
Public Health Nurse (3-year screen)	42	42
All Other Public Health Nurse Referrals	41	42
Early Childhood Psychologist	5	4
Physician	14	21
Saskatchewan Hearing Aid Plan	1	0
Parents	8	6
Other	16	9
TOTAL	127	114
DIAGNOSIS		
Articulation	52	68
Language	30	28
Voice	4	5
Fluency	9	8
Associated Conditions	4	1
Normal	19	9
TOTAL	118	117
DISCHARGE (BY REASON)		
Initial Assessment Normal	20	12
Treatment Goals Reached	35	30
Transferred	44	31
Moved	12	6
Service Refused	19	7
Other	7	15
TOTAL	137	98
	(as of March 31/91)	*(as of March 31/92)*
MONTHLY CASELOAD		
Waiting for Assessment	30	16
Waiting for Therapy	1	0
In Treatment		
By Schedule: More than one per week	0	0
One time per week	23	8
Two times per week	14	30
One time per month	7	20
Once every three to four months	27	43
Once every three months or less	20	29
By Treatment Type: Individual Therapy	42	55
Group Therapy	0	4
Third party programmin	3	32
Under review	46	39
REVIEW		
Number Reviewed	1	4
Overdue for Review	25	23
TOTAL CASELOAD	**122**	**146**

DENTAL HEALTH EDUCATION PROGRAM

"Preventive dental health care during childhood is a vital part of good overall health. It lays the foundation for speech development and ensures proper chewing for adequate nutrition. Good preventive care also helps to avoid the necessity for costly treatment later in life, and is a key requirement for an attractive winning smile."

A Parent's Guide To Dental Health

STAFF UPDATE

Dental Health Educators within the Saskatoon Rural Health Region: Leslie Topola, Claudette Schulte, and Julie Laberge-Lalonde. Myrna Ruthven of the Melfort-Tisdale Health Region covers 11 communities in the Saskatoon Rural Health area because they are closer to her location at the Humboldt District Office.

The 1991-92 year began with a few personnel changes: Margot Wallace had begun a Leave of Absence effective February 1991. Her position was filled on March 11 until June 30, 1992 by Claudette Schulte, and from September 1991 until May 1992 by Julie Laberge-Lalonde. Margot has since resigned and her position will be filled by Cynthia Ostafie effective June 1, 1992. Cynthia previously worked in the Rosetown/Kindersley area as a DHE; she is a most welcomed addition to our staff.

Charlotte Salte began an Education Leave from September 1, 1991 until June 30, 1992 to acquire her Dental Hygiene qualification. Claudette Schulte filled her position during that time.

SCHOOL-BASED PREVENTIVE EDUCATION PROGRAM

Number of Class Presentations: 1,151
Number of Schools: 119
Number of Students: 26,195
Number of Teachers/Adults: 1,726

Approximately 240 of these children are Special Needs Children.

A Grade 3 program evaluation was conducted by each DHE position. Seven schools were targetted for each DHE, in which a "pre" and a "post" test was given as well as a teacher's evaluation. The objective for this evaluation was to determine the effectiveness of the DHE Grade 3 program in producing desired changes in student knowledge, attitudes and general dental health practices. This information will aid in forming future programs or making appropriate changes to the existing program.

PRESCHOOL/DAYCARE PROGRAM (Utilization of Kit)

Number of Participants: 2,950
Number of Daycares/Preschools: 95
Number Receiving DHE Presentation: 16 (upon request)

FLUORIDE MOUTHRINSE PROGRAMS

Number of Schools: 10
Number of Participants: 969
Participation: 77.5 percent

Locations: Aberdeen, Colonsay, Hanley, Dundurn, Hillcrest Hutterite Colony, Riverview Hutterite Colony, Clear Springs Hutterite Colony, Waldheim, Kenaston, and Davidson.

ADULT EDUCATION

April 1991 - Presentation (1 hour) for 60 senior citizens at Luther Tower in Saskatoon.

June 1991 - Presentation (1 hour) involving 72 mentally and physically challenged people at Cosmopolitan Industries. The Charlie Chew puppet show was presented with a demonstration on brushing and flossing. Charlie Chew visited and handed out a new toothbrush to each person.

November 1991 - Workshop (4 hours) for 16 Home Care students at the Warman Community College.

January 1992 - Workshop (4 hours) for 12 Home Care students at the Davidson Community College.

January 1992 - Presentation (1 hour) at the Circle Drive Alliance Nursing Home for 10 caregivers.

January 1992 - Presentation (1 hour) at St. Anne's Nursing Home for 11 caregivers.

January 1992 - Workshop (4 hours) for 12 Home Care students at Kelsey Campus.

PUBLIC DISPLAYS

April 1991 - Family Foundation Trade Fair at Circle Park Mall in Saskatoon. The focus was "Smile For Life" with photos of healthy dental habits, sugar display and handouts. Approximately 450 people viewed the display.

March 1992 - Vonda Health Fair. A toothbrush trade-in, puppet show, a visit from Charlie Chew, a sugar display and handouts

were featured. School children from Vonda, Prud'homme and Aberdeen toured, in addition to the general public. Approximately 600 people attended.

PROFESSIONAL CONSULTATIVE SERVICES

Health: 112
Education: 218
Public: 77
Other: 8

These consultations take many forms and cover a variety of topics: fluoride supplements for children, brushing, nursing decay, fluoride topics in general, what age to take children to the dentist, when to begin flossing a child's teeth, dental injuries, mouthguards, smokeless tobacco, periodontal disease, and coverage and eligibility under the Children's Dental Plan are frequent inquiries.

Teachers often request information or borrow teaching materials to do follow-up activities to our class presentations.

Consultations among other health professionals outside and within the Branch is ongoing and may include nutrition, fluorides, and discussions on collaborating information delivered to the public.

DENTAL HEALTH MONTH (APRIL 1991)

Baby Promotion: The first baby born in April at Rosthern, Watrous and Saskatoon City, St. Paul's and Royal University Hospitals was presented with a tote bag. The tote bag contained a variety of dental products and information. Other babies born in April received smaller dental packets of information, toothbrushes and a few other dental aids.

The purpose of this project was to educate parents about the oral health needs of their newborns and to provide the knowledge to create positive attitudes and life skills in oral health.

Bulletin Board Displays: "Protection in Sports and Everyday Life" was the theme and these were set up in the main and district offices.

Mall Displays: Lawson Heights Mall, Confederation park Mall and Circle Park Mall. The display featured "Dental Protection" and the Charlie Chew puppet show.

School Newsletters: Dental articles and posters were submitted to all schools.

PROFESSIONAL DEVELOPMENT

May 1991 - "Revitalizing Our Preventive Message" by Dr. Hettenhausen was attended by Charlotte Salte and Claudette Schulte.

June 1991 - "Dealing With Difficult People" attended by Leslie Topola.

October 1991 - "Periodontal Disease Update" and "Branemark Implants" by Dr. Ibbott was attended by Julie Lalonde.

November 1991 - "Implants" by Leanne Carleson-Mann and "Prevention and Dental Products Update" by Brenda Udahl was attended by Leslie Topola.

December 1991 - "Implants" by Leanne Carleson-Mann was attended by Claudette Schulte and Julie Lalonde.

MISCELLANEOUS MEETINGS

Program Representatives Meetings once per month.
Dental Health Month Committee Meetings - ongoing.
Evaluation Committee Meetings - June 1991 and October 1991.
Dental Health Education Program Meetings - September, December, March and June.

Julie Laberge-Lalonde/Claudette Schulte/Leslie Topola

DHE SERVICES